

HISTORY OF IMMUNIZATIONS

State Form 49445 (11-99) / BCD 0036

CHILD CARE MINISTRIES HISTORY OF IMMUNIZATIONS					
(Indicate month and year)					
DTP/Td *	1	2	3	4	5
TOPV *	1	2	3	4	5
HIB	1	2	3	4	
HBV	1	2	3		
Measles *	1	2			
Rubella *	1	2			
Mumps *	1	2			
VARICELLA (Chicken Pox)	1				
NOTE: To be considered adequately immunized, a child of age 18 months or older should have received at least four DTP inoculations, three trivalent oral polio feedings, and inoculations against measles, mumps and rubella. It is also recommended that children under the age of five years receive the HIB (<i>Haemophilus Influenzae</i>) Immunization. (*Required by Rule.)					
Allergies:					
Chronic health conditions:					
Additional notes and instructions:					
Name of child				Age	
Date of birth					
Child's address (number and street, city, state, ZIP code)					
Date enrolled in Child Care Ministry					
Name of Child Care Ministry			County		